



Office of the
Inspector of Buildings

Town of Athol

584 Main Street – Room 4– Athol – Massachusetts – 01331

Voice: (978) 249-3834 Fax: (978) 249-3845

E-Mail: bldginsp@townofathol.org

www.athol-ma.gov

APPLICATION FOR CERTIFICATION OF INSPECTION

Date _____

Fee _____

In accordance with the provisions of the Massachusetts State Building Code, Section 106.5, I hereby apply for a Certificate of Inspection for below named located at the following address:

Street and Number _____

Name of Premises _____

Purpose for Which Premises is Used _____

License(s) or Permit(s) required for the Premises by other Governmental Agencies:

License or Permit

Agent

Certificate to be issued to _____

Address _____

Owner of Record of Building _____

Address _____

Name of Agent, if any _____ Telephone _____

Signature of Person to Whom
Certificate is Issued or Authorized Agent

Please return this completed application and payment to the Athol Building Department, 584 Main St., Athol 01331. Checks can be made payable to the TOWN OF ATHOL

<<<OFFICE USE ONLY>>>

ASSIGNED CERTIFICATE NUMBER _____

DATE RECEIVED _____